



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Darryl D. Cuda, MD PA

**Respondent Name**

WC Solutions

**MFDR Tracking Number**

M4-15-0883-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

November 10, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Attach is a claim for dispute. I submitted the appeal to Edwards Claims Administration, who denied it due to appropriate modifier missing. I then submitted a corrected claim adding a V5 modifier. It then denied as past filing limit. It is my understanding that I have 10 months from the original denial to submit a corrected claim or to appeal. I called Edwards Claims Admin. and spoke with ...the adjuster. [She] stated that claim was denied for past filing limit because once anything is added to claim it becomes a new claim. She then stated she would have auditor ... call me. I still faxed an appeal ... explaining that this is a corrected claim not a new claim.

I then received a call from [the auditor] stating the same thing [the adjuster] did, that the claim became a new claim once I added the modifier. But their denial was due to the missing modifier."

**Amount in Dispute:** \$498.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Starr Comprehensive Solutions is responding to the Medical Dispute Resolution filed by Darryl Dean Cuda.

Description of health care in dispute:

CPT code 99455 – Work related or medical disability examination by the treating physician.

The CPT code 99455 for the date of service 06/09/2014 was initially denied on 7/11/2014 with the ANSI reduction code of 181 and with EOB comments of:

181 – Per TDI-DWC rule 134.204(j)(3)(A), an examining doctor who is the treating doctor shall bill using the CPT code with the appropriate modifier. (i) Reimbursement shall be the applicable established patient office visit level associated with the examination. (ii) Modifiers V1, V2, V3, V4, or V5 shall be added to the CPT code to correspond with the last digit of the applicable office visit.

Please see Attachment 1, the bill was initially received on 6/13/2014 without a modifier. In order for billing and reimbursement of an MMI evaluation, the Modifiers V1, V2, V3, V4, or V5 shall be added to the CPT code to correspond with the last digit of the applicable office visit. Please see Attachment 2, the Explanation of Benefits dated 7/11/14, that was in response to the initial bill. In this case, the modifier is critical in determining the fee schedule reimbursement. There has not been a reconsideration request for the 99455 without a modifier submitted.

Please see Attachment 3, a second bill for this DOS was received on 10/02/2014 with the V5 modifier added to the line detail. The addition of the modifier V5 made this a new bill. Please note the statement date submitted on this bill is 10/2/2014, this is later than 95 days from the DOS.

Please see Attachment 4, the CPT code 99455 with modifier V5 for the date of service 06/09/2014 was denied on 10/17/2014 with the ANSI reduction code of 29 and with EOB comments of:

29 – Per rule 133.20(b), except as provided in Labor Code 408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the services are provided.

It is noted that the requestor's position is that the second bill received on 10/2/14 was submitted as a reconsideration request. However, per rule 133.250(d), 'a written request for reconsideration shall: (1) reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill.' The addition of the modifier makes it a new bill and not a reconsideration.

The request for reconsideration was received for the 99455-V5 on 10/28/14 via fax, please see Attachment 5. The missing reconsideration EOB is Attachment 6.

The great weight of evidence indicates that the disputed services was submitted and received on 10/02/2014, which is greater than the 95 days after the date of service.

Starr Comprehensive Solutions, Inc. maintains its position that the medical bill was submitted untimely and properly denied in accordance with rule 133.20(b)."

**Response Submitted by:** Edwards Claims Administration

### ***SUMMARY OF FINDINGS***

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 9, 2014	99455	\$498.00	\$0.00

### ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for billing and reimbursing Division-specific services.
3. 28 Texas Administrative Code §133.2 provides the definitions of terms related to medical billing and processing.
4. 28 Texas Administrative Code §133.10 sets out the requirements for a complete medical bill.
5. 28 Texas Administrative Code §133.20 sets out the procedures for medical bill submission by a health care provider.
6. 28 Texas Administrative Code §133.200 sets out the procedures for processing a medical bill received by the insurance carrier.
7. Texas Labor Code §408.027 sets out the rules for timely submission of claims by health care providers.
8. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical bill.
9. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 181 – Procedure code was invalid on the date of service.
  - 29 – The time limit for filing has expired.
  - 193 – Original payment decision is being maintained. This claim was processed properly the first time.

#### **Issues**

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

#### **Findings**

1. 28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to

submit the medical bill not later than 95 days after the date the disputed services were provided.

2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."  
28 Texas Administrative Code §133.2 (4) defines a complete medical bill as "A medical bill that contains all required fields as set forth in the billing instructions for the appropriate form specified in §133.10 of this chapter (relating to Required Billing Forms/Formats), or as specified for electronic medical bills in §133.500 of this chapter (relating to Electronic Formats for Electronic Medical Bill Processing)." 28 Texas Administrative Code §133.10 (f)(1)(Q) requires that the bill contain procedure/modifier codes. Review of the submitted documentation finds that the requestor submitted an incomplete bill on 6/13/14.  
28 Texas Administrative Code §133.200 (a)(2) states, "Within 30 days after the day it receives a medical bill that is not complete as defined in §133.2 of this chapter, an insurance carrier shall: (A) complete the bill by adding missing information already known to the insurance carrier, except for the following: (i) dates of service; (ii) procedure/modifier codes; (iii) number of units; and (iv) charges; or (B) return the bill to the sender, in accordance with subsection (c) of this section...(b)... When returning a medical bill, the insurance carrier shall include a document identifying the reason(s) for returning the bill. The reason(s) related to the procedure or modifier code(s) shall identify the reason(s) by line item. (c) The proper return of an incomplete medical bill in accordance with this section fulfills the insurance carrier's obligations with regard to the incomplete bill." The submitted documentation finds that the insurance carrier correctly returned the original billing as incomplete due to the missing required modifier per 28 Texas Administrative Code §134.204.
3. 28 Texas Administrative Code §133.20(g) states, "Health care providers **may correct and resubmit as a new bill an incomplete bill** that has been returned by the insurance carrier" [emphasis added]. Review of the submitted documentation finds that a new bill was submitted on 10/2/14. The review finds no documentation to support that a complete medical bill for the service in dispute was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

	Laurie Garnes	January 28, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**